



ALASKA DIVISION OF
**Retirement
and Benefits**

Toll-free: (800) 821-2251
drb.alaska.gov

Voluntary Employee Savings Plan Enrollment, Change, Discontinuation or Withdrawal (PERS Tiers I / II / III Active Employees Only)

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

FOR OFFICE USE ONLY

SECTION I. PERSONAL DATA

EMPLOYEE NAME (LAST / FIRST / M.I.)		LAST 4 OF SOCIAL SECURITY NUMBER OR RIN	
MAILING ADDRESS (STREET OR P.O. BOX)			
CITY		STATE	ZIP+4
EMPLOYER (STATE OR POLITICAL SUBDIVISION)		EMAIL ADDRESS	

SECTION II. ELECTION, CHANGES, OR DISCONTINUATION

Please note: If you are on a bi-weekly pay schedule, the Voluntary Savings amount will be withheld each pay period. In accordance with the provisions of the Public Employees' Retirement System Act, I hereby:

- Elect to make contributions of \$_____. Please specify dollar amount each pay period to Voluntary Savings.
Please note: *Employee can only contribute up to 5% of gross salary per pay period.*
- Please change Voluntary Savings amount from \$_____ to \$_____. Dollar amount cannot exceed 5% of gross salary per pay period.
- Elect to make _____% of gross salary per pay period. If you choose this option, the amount will be capped at 5%.
- Please change my Voluntary Savings contribution from _____% of my gross salary each pay period to _____% of gross salary each pay period (can not exceed 5% per pay period).
- Discontinue my Voluntary Savings contribution.

SIGNATURE	DATE (MM / DD / YYYY)
-----------	-----------------------

An original, handwritten signature is required on this form. Electronic signatures will not be accepted.

SECTION III. WITHDRAWAL OF VOLUNTARY CONTRIBUTIONS (SEC. 39.35.240)

Please note: When completing the withdrawal portion of this application, you must state a financial need.

I hereby apply for a withdrawal of my Voluntary Savings Contributions.

Please state financial need: _____

Note: Interest on Voluntary Contributions is considered income for federal income tax reporting purposes when refunded to you. Please indicate below whether or not you want taxes withheld from accrued interest on your voluntary contributions. Taxes will be withheld at a rate of 20%.

- YES. Please withhold taxes. NO. Do not withhold taxes.

In completing this form, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than \$500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670; AS 11.56.210. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.

SIGNATURE	DATE (MM / DD / YYYY)
-----------	-----------------------

An original, handwritten signature is required on this form. Electronic signatures will not be accepted.

FOR OFFICE USE ONLY

SIGNATURE OF PLAN ADMINISTRATOR	DATE (MM / DD / YYYY)
---------------------------------	-----------------------